

## CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Mr. Chennu Gopiraju on 24/2/24

After reviewing the medical history and on clinical examination it has been found that he/she is

|  | Tick                                |
|--|-------------------------------------|
| <ul style="list-style-type: none"> <li>• Medically Fit</li> </ul>  | <input checked="" type="checkbox"/> |
| <ul style="list-style-type: none"> <li>• Fit with restrictions/recommendations</li> </ul> <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1.....</p> <p>2.....</p> <p>3.....</p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p> |                                     |
| <ul style="list-style-type: none"> <li>• Currently Unfit.</li> </ul> <p>Review after _____ recommended</p>   |                                     |
| <ul style="list-style-type: none"> <li>• Unfit</li> </ul>  |                                     |

Dr. \_\_\_\_\_  
 Medical Officer \_\_\_\_\_  
 The Apollo Clinic, Mysore.

**Apollo Clinic**  
 # 23, 1st Floor,  
 Kalidasa Road, Mysore - 02  
 Ph : 0821-4006040/41

*This certificate is not meant for medico-legal purposes*

**Apollo Health and Lifestyle Limited**

(CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016.

Ph No: 040-4904 7777, Fax No: 4904 7744 | Email ID: enquiry@apollohl.com | www.apollohl.com

**APOLLO CLINICS NETWORK KARNATAKA**

**Bangalore** (Basavanagudi | Bellandur | Electronic City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) **Mysore** (VV Mohalla)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

**1860 500 7788**

Date : 24-02-2024  
MR NO : CMYS.0000059752

Department : GENERAL  
Doctor :

Name : Mr. CHENNU GOPIRAJU  
Age/ Gender : 30 Y / Male

Registration No :  
Qualification :

Consultation Timing: 08:47

|             |              |       |               |
|-------------|--------------|-------|---------------|
| Height: 164 | Weight: 76.2 | BMI:  | Waist Circum: |
| Temp:       | Pulse:       | Resp: | B.P: 120/70   |

General Examination /  
Allergies History

Clinical Diagnosis & Management Plan

24/2/24

No complains.  
Slight ↑ cholesterol.  
All reports are (N).

Non smoker / Alcoholic.

R.S }  
CVS } NAD.  
PLA }

No significant past history.

Follow up date :

Adv  
To follow dietitian  
Adv  
Doctor Signature  
Apo Clinic  
# 23, 1st Floor,  
Kalidasa Road, Mysore - 02  
Ph : 0821-4006040/41

Date : 24-02-2024  
MR NO : CMYS.0000059752

Department : GENERAL  
Doctor :

Name : Mr. CHENNU GOPIRAJU  
Age/ Gender : 30 Y / Male

Registration No : H. Praveen Kumar. K  
Qualification : M.S (ENT)

Consultation Timing: 08:47

|              |               |        |                |
|--------------|---------------|--------|----------------|
| Height : 164 | Weight : 76.2 | BMI :  | Waist Circum : |
| Temp :       | Pulse :       | Resp : | B.P : 120/70   |

General Examination /  
Allergies History

Clinical Diagnosis & Management Plan

Came for irregular hearing

EAN bilateral TM @

Nose : nasal mucosa @

oral cavity & oropharynx @

neck @

to  
rears

Follow up date :

Doctor Signature  
Apoorva Clinic  
# 23, 1st Floor,  
Kalidasa Road, Mysore - 02  
Ph : 0821-4006040/41

Date : 24-02-2024  
MR NO : CMYS.0000059752

Department : GENERAL  
Doctor :

Name : Mr. CHENNU GOPIRAJU  
Age/ Gender : 30 Y / Male

Registration No :  Dr. GURU PRASAD, B.V.  
MBBS, PGDCC (CARDIO)  
CCMR, CCR (CCCP), PGCC, CCLBDM  
Consultant: Non Invasive Cardiologist  
MCC No: 00000

Consultation Timing: 08:47

|              |               |        |                |
|--------------|---------------|--------|----------------|
| Height : 167 | Weight : 76.2 | BMI :  | Waist Circum : |
| Temp :       | Pulse :       | Resp : | B.P : 120/70   |

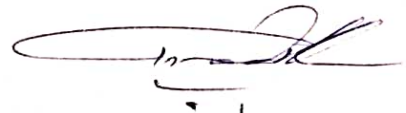
General Examination /  
Allergies History

Clinical Diagnosis & Management Plan

Coronary DM SMHC  
Asymptomatic HTN  
DM2  
Sig (+) MI (+)

ECG NSR  
Labs: Noted  
Re-assess

Follow up date :



Doctor Signature

 Dr. GURU PRASAD, B.V.  
MBBS, PGDCC (CARDIO)  
CCMR, CCR (CCCP), PGCC, CCLBDM  
Consultant: Non Invasive Cardiologist  
MCC No: 00000

**Apollo Clinic**  
# 23, 1st Floor,  
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Ph : 0821-4006040/41

Date : 24-02-2024  
MR NO : CMYS.0000059752

Department : GENERAL Dietetics  
Doctor : Madhura. B.P

Name : Mr. CHENNU GOPIRAJU

Registration No :

Age/ Gender : 30 Y / Male

Qualification : M.Sc Nutrition & Dietetics  
PhD\*

Consultation Timing: 08:47

IBW - 64kg

|              |               |                            |                |
|--------------|---------------|----------------------------|----------------|
| Height : 164 | Weight : 76.2 | BMI : 28 kg/m <sup>2</sup> | Waist Circum : |
| Temp :       | Pulse :       | Resp :                     | B.P :          |

General Examination /  
Allergies History

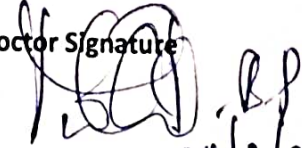
ESR - 30  
HDL - 34  
LDL - 107.42  
Uric acid - 7.4

Clinical Diagnosis & Management Plan

- Adviseed low calorie diet with fiber rich foods.
- Avoid foods rich in purines like organ meat, and other processed foods and soft drink.
- Dietary guidelines chart is given.

Follow up date :

Doctor Signature

  
24/2/2024

Date : 24-02-2024  
MR NO : CMYS.0000059752

Department : GENERAL  
Doctor :

Name : Mr. CHENNU GOPIRAJU  
Age/ Gender : 30 Y / Male

Registration No :  
Qualification :

Consultation Timing: 08:47

|          |          |        |                |
|----------|----------|--------|----------------|
| Height : | Weight : | BMI :  | Waist Circum : |
| Temp :   | Pulse :  | Resp : | B.P :          |

General Examination /  
Allergies History

Clinical Diagnosis & Management Plan

Near  
vision  
corrected with glasses.  
Distant  
vision  
corrected with glasses  
Colour  
vision.

Right eye                      Left eye

N<sub>10</sub>                                      N<sub>12</sub>

N<sub>6</sub>    N<sub>6</sub>

6/24                                        6/36

6/6    6/6

(N)    (N)

Follow up date :

  
Doctor Signature  
**Apollo Clinic**  
# 23, 1st Floor,  
Kalidasa Road, Mysore - 02  
Ph : 0821-400040/41

MR CHENNU GOPIRAJU

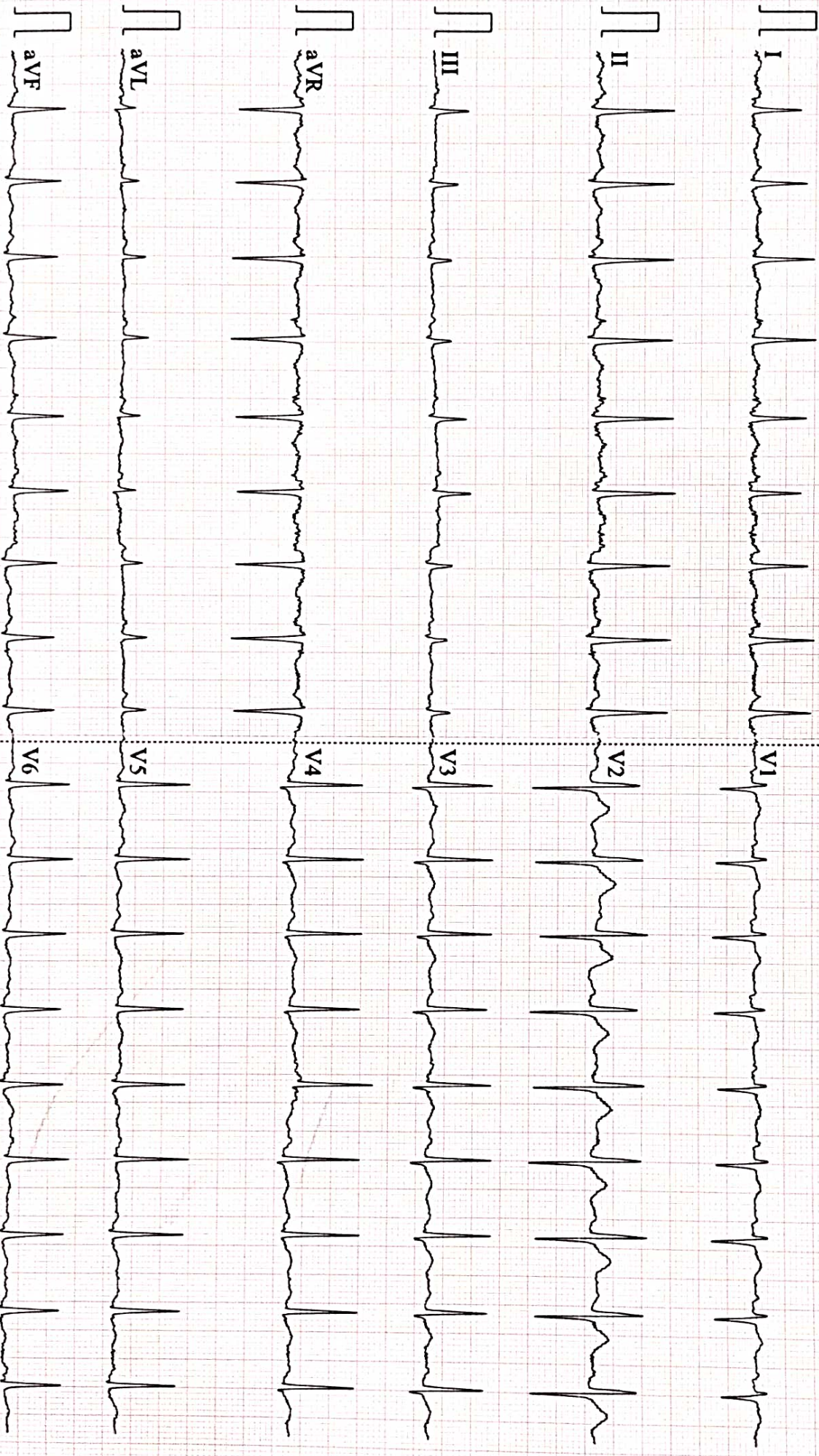
Male 30Years

164cm 76kg 120/70 mmHg

Diagnosis Information:

Unconfirmed Report.

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# 23, 1st Floor,  
Kaldasa Road, Mysore - 02  
Ph : 0821-4006040/41



|   |                  |                 |
|---|------------------|-----------------|
| Patient Name: Mr .Chennu Gopiraju             | Date:24.02.2024  | Doctor:Dr. Self |
| Age / Sex :30yrs /Male                        | UHID No : 059752 | OP:             |
| <b>ULTRASONOGRAPHY – ABDOMEN &amp; PELVIS</b> |                  |                 |

**LIVER:** It is normal in size and echotexture. No focal lesions seen. IHBR are not dilated. CBD and Portal vein are normal.

**GALL BLADDER:** It is well distended and normal. No e/o calculi.

**SPLEEN:** It is normal in size, outline and echopattern. No e/o focal lesions.

**PANCREAS:** It is normal in size, outline and echopattern.

**RIGHT KIDNEY:** It Measures 93x44mm with parenchymal thickness of 15mm. It is normal in size, outline and echotexture. No e/o calculus or hydronephrosis seen.

**LEFT KIDNEY:** It measures 114x51mm with parenchymal thickness of 14mm. It is normal in size, outline and echotexture. No e/o calculus or hydronephrosis seen.

**URINARY BLADDER:** It is well distended. The UB wall is normal. No e/o calculi.

**PROSTATE:** It measures 27x34x32mm with a volume of 16 cc. It is normal in size, outline and echotexture. The vascularity of prostate is normal.

**RIF:** No evidence of focal collection or mass lesion seen. Appendix is not visualized.

**OTHERS:** No e/o free fluid in the abdomen. No e/o lymphadenopathy. No e/o gut wall thickening. No mass lesion seen in the abdomen.

**IMPRESSION: NORMAL STUDY.**

*Pradeep*

Dr. Pradeep Kumar C N, DNB  
Consultant Radiologist.

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**1860 500 7788**



|                                      |                         |
|--------------------------------------|-------------------------|
| Patient's Name : Mr. Chennu Gopiraju | Age & Sex : 30Yrs /Male |
| Date :24.02.2024                     | UHID No : 59752         |

## 2D ECHOCARDIOGRAPHY STUDY

### Impression

- Normal chamber volumes and valves
- No regional wall motion abnormality seen
- Normal left ventricular systolic function. EF 65%
- No clots. No pericardial effusion

### Findings

|                  |        |
|------------------|--------|
| Left Ventricle:  | Normal |
| Right Ventricle  | Normal |
| Left Atrium      | Normal |
| Right Atrium     | Normal |
| Aorta            | Normal |
| Pulmonary Artery | Normal |
| IAS              | Intact |
| IVS              | Intact |
| Valves           | Normal |
| Pericardium      | Normal |
| Doppler          | Normal |

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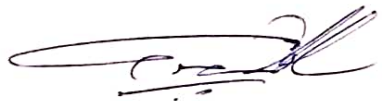
|                                      |                         |
|--------------------------------------|-------------------------|
| Patient's Name : Mr. Chennu Gopiraju | Age & Sex : 30Yrs /Male |
| Date :24.02.2024                     | UHID No : 59752         |

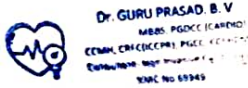
Measurement

AO : 2.7 cm  
LA : 2.5 cm

RV : 2.4 cm  
LVIDd : 4.38 cm  
LVIDs : 2.80 cm  
IVSd : 0.85 cm  
IVSs : 1.27 cm  
PWd : 1.06 cm  
PWs : 1.27 cm  
EF : 65 %  
FS : 35.0 %

Doppler  
MV TV AV PV  
E: 0.94 m/s E — m/s V max 0.93 m/s V max 0.96 m/s  
A: 0.77 m/s A — m/s  
MR Nil TR Nil AR Nil PR Nil

  
**Dr. GURU PRASAD. B. V, MBBS, PGDCC**  
**CONSULTANT – NON-INVASIVE CARDIOLOGY**



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TO BOOK AN APPOINTMENT

**1860 500 7788**

**Informed Consent/Declaration For Test Exclusion**

Patient Name: Mr. Chenna Kupisrao Age: 30y / F  
UHID Number: 59952

Please tick and sign the relevant part

I certify that I will skip Chest X-ray Test from my own.

No refund is provided for the above excluded test and I have been informed about the same.

Patient signature Ch. Kupisrao Date 24/2/24

Witness signature: [Signature] Date: 24/2/24

|                 |                      |              |                               |
|-----------------|----------------------|--------------|-------------------------------|
| Patient Name    | : Mr.CHENNU GOPIRAJU | Collected    | : 24/Feb/2024 08:55AM         |
| Age/Gender      | : 30 Y 1 M 15 D/M    | Received     | : 24/Feb/2024 10:46AM         |
| UHID/MR No      | : CMYS.0000059752    | Reported     | : 24/Feb/2024 11:40AM         |
| Visit ID        | : CMYSOPV122687      | Status       | : Final Report                |
| Ref Doctor      | : Dr.SELF            | Sponsor Name | : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID | : 71706929923        |              |                               |

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

----



Dr. PAVAN KUMAR M  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist

SIN No:BED240047909



|                                   |  |
|-----------------------------------|--|
| Patient Name : Mr.CHENNU GOPIRAJU | Collected : 24/Feb/2024 08:55AM            |
| Age/Gender : 30 Y 1 M 15 D/M      | Received : 24/Feb/2024 10:46AM             |
| UHID/MR No : CMYS.0000059752      | Reported : 24/Feb/2024 02:09PM             |
| Visit ID : CMYSOPV122687          | Status : Final Report                      |
| Ref Doctor : Dr.SELF              | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 71706929923     |  |

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

| Test Name                                  | Result      | Unit                    | Bio. Ref. Range | Method                         |
|--|-------------|-------------------------|-----------------|--------------------------------|
| <b>HEMOGRAM , WHOLE BLOOD EDTA</b>         |             |                         |                 |                                |
| HAEMOGLOBIN                                | 15.5        | g/dL                    | 13-17           | Spectrophotometer              |
| PCV  | 48.80       | %                       | 40-50           | Electronic pulse & Calculation |
| RBC COUNT                                  | <b>6.02</b> | Million/cu.mm           | 4.5-5.5         | Electrical Impedance           |
| MCV  | <b>81</b>   | fL                      | 83-101          | Calculated                     |
| MCH  | <b>25.8</b> | pg                      | 27-32           | Calculated                     |
| MCHC                                       | 31.8        | g/dL                    | 31.5-34.5       | Calculated                     |
| R.D.W                                      | 13.2        | %                       | 11.6-14         | Calculated                     |
| TOTAL LEUCOCYTE COUNT (TLC)                | 8,200       | cells/cu.mm             | 4000-10000      | Electrical Impedance           |
| <b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b> |             |                         |                 |                                |
| NEUTROPHILS                                | 64          | %                       | 40-80           | Electrical Impedance           |
| LYMPHOCYTES                                | 27.7        | %                       | 20-40           | Electrical Impedance           |
| EOSINOPHILS                                | 2.3         | %                       | 1-6             | Electrical Impedance           |
| MONOCYTES                                  | 5.4         | %                       | 2-10            | Electrical Impedance           |
| BASOPHILS                                  | 0.6         | %                       | <1-2            | Electrical Impedance           |
| <b>ABSOLUTE LEUCOCYTE COUNT</b>            |             |                         |                 |                                |
| NEUTROPHILS                                | 5248        | Cells/cu.mm             | 2000-7000       | Calculated                     |
| LYMPHOCYTES                                | 2271.4      | Cells/cu.mm             | 1000-3000       | Calculated                     |
| EOSINOPHILS                                | 188.6       | Cells/cu.mm             | 20-500          | Calculated                     |
| MONOCYTES                                  | 442.8       | Cells/cu.mm             | 200-1000        | Calculated                     |
| BASOPHILS                                  | 49.2        | Cells/cu.mm             | 0-100           | Calculated                     |
| Neutrophil lymphocyte ratio (NLR)          | 2.31        |                         | 0.78- 3.53      | Calculated                     |
| PLATELET COUNT                             | 258000      | cells/cu.mm             | 150000-410000   | Electrical impedance           |
| ERYTHROCYTE SEDIMENTATION RATE (ESR)       | <b>30</b>   | mm at the end of 1 hour | 0-15            | Modified Westergren            |
| <b>PERIPHERAL SMEAR</b>                    |             |                         |                 |                                |

R.B.C: Majority are normocytic normochromic.



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M.B.B.S,M.D(Pathology)  
Consultant Pathologist

SIN No:BED240047909



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| Emp/Auth/TPA ID | : 71706929923        |              |                               |

**DEPARTMENT OF HAEMATOLOGY**

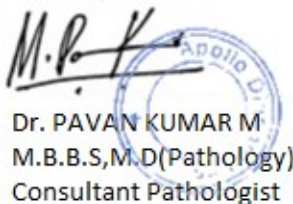
**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324**

W.B.C: normal in number with normal morphology and distribution.

Platelets: normal in number and are seen in singles and clumps.

Hemoparasites: Not seen.

**IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.**



Dr. PAVAN KUMAR M  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist

SIN No:BED240047909

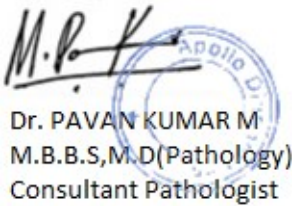


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**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324**

| Test Name   | Result   | Unit | Bio. Ref. Range | Method   |
|---|----------|------|-----------------|--|
| <b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b> |          |      |                 |  |
| BLOOD GROUP TYPE  | B        |      |                 | Forward & Reverse Grouping with Slide/Tube Aggluti       |
| Rh TYPE   | POSITIVE |      |                 | Forward & Reverse Grouping with Slide/Tube Agglutination |



**Dr. PAVAN KUMAR M**  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist

SIN No:BED240047909



|                                   |  |
|-----------------------------------|--|
| Patient Name : Mr.CHENNU GOPIRAJU | Collected : 24/Feb/2024 08:55AM            |
| Age/Gender : 30 Y 1 M 15 D/M      | Received : 24/Feb/2024 03:46PM             |
| UHID/MR No : CMYS.0000059752      | Reported : 24/Feb/2024 04:06PM             |
| Visit ID : CMYSOPV122687          | Status : Final Report                      |
| Ref Doctor : Dr.SELF              | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 71706929923     |  |

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

| Test Name                     | Result | Unit  | Bio. Ref. Range | Method   |
|-------------------------------|--------|-------|-----------------|----------|
| GLUCOSE, FASTING , NAF PLASMA | 108    | mg/dl | 74-106          | GOD, POD |

Comment:

As per American Diabetes Guidelines, 2023

| Fasting Glucose Values in mg/dL | Interpretation |
|---------------------------------|----------------|
| 70-100 mg/dL                    | Normal         |
| 100-125 mg/dL                   | Prediabetes    |
| ≥126 mg/dL                      | Diabetes       |
| <70 mg/dL                       | Hypoglycemia   |

Note:

- The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.
- Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

| Test Name  | Result | Unit  | Bio. Ref. Range | Method   |
|--|--------|-------|-----------------|----------|
| GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR) | 122    | mg/dl | 70-140          | GOD, POD |

Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

| Test Name                                      | Result | Unit | Bio. Ref. Range | Method |
|--|--------|------|-----------------|--------|
| HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA |        |      |                 |        |
| HBA1C, GLYCATED HEMOGLOBIN                     | 5.1    | %    |                 | HPLC   |

Page 5 of 14



Dr. PAVAN KUMAR M  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist

SIN No:EDT240021418





|                                   |  |
|-----------------------------------|--|
| Patient Name : Mr.CHENNU GOPIRAJU | Collected : 24/Feb/2024 08:55AM            |
| Age/Gender : 30 Y 1 M 15 DM       | Received : 24/Feb/2024 03:46PM             |
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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324**

|                                 |     |       |            |
|---------------------------------|-----|-------|------------|
| ESTIMATED AVERAGE GLUCOSE (eAG) | 100 | mg/dL | Calculated |
|---------------------------------|-----|-------|------------|

**Comment:**

Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

| REFERENCE GROUP        | HBA1C %   |
|------------------------|-----------|
| NON DIABETIC           | <5.7      |
| PREDIABETES            | 5.7 – 6.4 |
| DIABETES               | ≥ 6.5     |
| DIABETICS              |           |
| EXCELLENT CONTROL      | 6 – 7     |
| FAIR TO GOOD CONTROL   | 7 – 8     |
| UNSATISFACTORY CONTROL | 8 – 10    |
| POOR CONTROL           | >10       |

**Note:** Dietary preparation or fasting is not required.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
  - A: HbF >25%
  - B: Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



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|                                   |  |
|-----------------------------------|--|
| Patient Name : Mr.CHENNU GOPIRAJU | Collected : 24/Feb/2024 08:55AM            |
| Age/Gender : 30 Y 1 M 15 DM       | Received : 24/Feb/2024 11:13AM             |
| UHID/MR No : CMYS.0000059752      | Reported : 24/Feb/2024 01:12PM             |
| Visit ID : CMYSOPV122687          | Status : Final Report                      |
| Ref Doctor : Dr.SELF              | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 71706929923     |  |

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

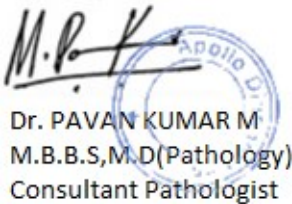
| Test Name                    | Result        | Unit  | Bio. Ref. Range | Method       |
|------------------------------|---------------|-------|-----------------|--------------|
| <b>LIPID PROFILE , SERUM</b> |               |       |                 |              |
| TOTAL CHOLESTEROL            | 162           | mg/dl | 0-200           | CHOD         |
| TRIGLYCERIDES                | 105           | mg/dl | 0-150           | GPO, Trinder |
| HDL CHOLESTEROL              | <b>34</b>     | mg/dL | 40-60           | CHOD         |
| NON-HDL CHOLESTEROL          | 128           | mg/dL | <130            | Calculated   |
| LDL CHOLESTEROL              | <b>107.42</b> | mg/dL | <100            | Calculated   |
| VLDL CHOLESTEROL             | 21            | mg/dL | <30             | Calculated   |
| CHOL / HDL RATIO             | 4.82          |       | 0-4.97          | Calculated   |

**Comment:**

Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

|                     | Desirable                              | Borderline High | High      | Very High |
|---------------------|--|-----------------|-----------|-----------|
| TOTAL CHOLESTEROL   | < 200                                  | 200 - 239       | ≥ 240     |           |
| TRIGLYCERIDES       | <150                                   | 150 - 199       | 200 - 499 | ≥ 500     |
| LDL                 | Optimal < 100<br>Near Optimal 100-129  | 130 - 159       | 160 - 189 | ≥ 190     |
| HDL                 | ≥ 60                                   |                 |           |           |
| NON-HDL CHOLESTEROL | Optimal <130;<br>Above Optimal 130-159 | 160-189         | 190-219   | >220      |

- Measurements in the same patient on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dL. When Triglycerides are more than 400 mg/dL LDL cholesterol is a direct measurement.



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|                                   |  |
|-----------------------------------|--|
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| Age/Gender : 30 Y 1 M 15 D/M      | Received : 24/Feb/2024 11:13AM             |
| UHID/MR No : CMYS.0000059752      | Reported : 24/Feb/2024 12:48PM             |
| Visit ID : CMYSOPV122687          | Status : Final Report                      |
| Ref Doctor : Dr.SELF              | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 71706929923     |  |

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

| Test Name                                | Result | Unit  | Bio. Ref. Range | Method                     |
|--|--------|-------|-----------------|----------------------------|
| <b>LIVER FUNCTION TEST (LFT) , SERUM</b> |        |       |                 |                            |
| BILIRUBIN, TOTAL                         | 0.54   | mg/dl | 0-1.2           | NBD                        |
| BILIRUBIN CONJUGATED (DIRECT)            | 0.19   | mg/dl | 0-0.2           | Diazotized sulfanilic acid |
| BILIRUBIN (INDIRECT)                     | 0.35   | mg/dL | 0.0-1.1         | Dual Wavelength            |
| ALANINE AMINOTRANSFERASE (ALT/SGPT)      | 26     | U/l   | 0-45            | IFCC                       |
| ASPARTATE AMINOTRANSFERASE (AST/SGOT)    | 19.0   | U/l   | 0-35            | IFCC                       |
| ALKALINE PHOSPHATASE                     | 120.00 | U/l   | 53-128          | IFCC (AMP buffer)          |
| PROTEIN, TOTAL                           | 7.10   | g/dl  | 6.4-8.3         | Biuret                     |
| ALBUMIN                                  | 4.41   | g/dl  | 3.5-5.2         | Bromcresol Green           |
| GLOBULIN                                 | 2.69   | g/dL  | 2.0-3.5         | Calculated                 |
| A/G RATIO                                | 1.64   |       | 0.9-2.0         | Calculated                 |

**Comment:**

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin)

Common patterns seen:

**1. Hepatocellular Injury:**

- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.
- Disproportionate increase in AST, ALT compared with ALP.
- Bilirubin may be elevated.
- AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's diseases, Cirrhosis, but the increase is usually not >2.

**2. Cholestatic Pattern:**

- ALP – Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated.
- ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

**3. Synthetic function impairment:**

- Albumin- Liver disease reduces albumin levels.
- Correlation with PT (Prothrombin Time) helps.



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|                                   |  |
|-----------------------------------|--|
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| Age/Gender : 30 Y 1 M 15 D/M      | Received : 24/Feb/2024 11:13AM             |
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| Emp/Auth/TPA ID : 71706929923     |  |

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

| Test Name   | Result      | Unit   | Bio. Ref. Range | Method                 |
|---|-------------|--------|-----------------|------------------------|
| <b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b> |             |        |                 |                        |
| CREATININE  | 0.81        | mg/dL  | 0.67-1.17       | Enzymatic colorimetric |
| UREA  | 17.91       | mg/dl  | 13-43           | Urease, UV             |
| BLOOD UREA NITROGEN   | 8.4         | mg/dl  | 6-20            | Urease, UV             |
| URIC ACID   | <b>7.40</b> | mg/dL  | 3.5-7.2         | Uricase                |
| CALCIUM   | 9.75        | mg/dl  | 8.6-10.3        | Arsenazo III           |
| PHOSPHORUS, INORGANIC                                       | <b>2.40</b> | mg/dl  | 2.7-4.5         | Molybdate              |
| SODIUM  | 142         | mmol/L | 135-145         | Direct ISE             |
| POTASSIUM   | 4.3         | mmol/L | 3.5-5.1         | Direct ISE             |
| CHLORIDE  | 103         | mmol/L | 98 - 107        | Direct ISE             |

Result is rechecked. Kindly correlate clinically



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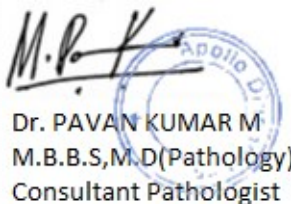


|                                   |  |
|-----------------------------------|--|
| Patient Name : Mr.CHENNU GOPIRAJU | Collected : 24/Feb/2024 08:55AM            |
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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324**

| Test Name  | Result | Unit | Bio. Ref. Range | Method |
|--|--------|------|-----------------|--------|
| <b>GAMMA GLUTAMYL<br/>TRANSPEPTIDASE (GGT) , SERUM</b> | 18.00  | U/l  | 0-55            | IFCC   |



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|                                   |  |
|-----------------------------------|--|
| Patient Name : Mr.CHENNU GOPIRAJU | Collected : 24/Feb/2024 08:55AM            |
| Age/Gender : 30 Y 1 M 15 D/M      | Received : 24/Feb/2024 10:46AM             |
| UHID/MR No : CMYS.0000059752      | Reported : 24/Feb/2024 12:59PM             |
| Visit ID : CMYSOPV122687          | Status : Final Report                      |
| Ref Doctor : Dr.SELF              | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 71706929923     |  |

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

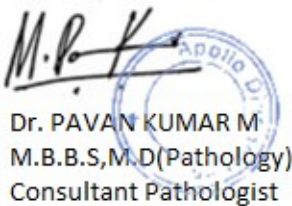
| Test Name  | Result | Unit   | Bio. Ref. Range | Method |
|--|--------|--------|-----------------|--------|
| <b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b> |        |        |                 |        |
| TRI-iodothyronine (T3, TOTAL)                      | 1.46   | ng/mL  | 0.64-1.52       | CMIA   |
| THYROXINE (T4, TOTAL)                              | 10.01  | µg/dL  | 4.87-11.72      | CMIA   |
| THYROID STIMULATING HORMONE (TSH)                  | 1.870  | µIU/mL | 0.35-4.94       | CMIA   |

Comment:

| For pregnant females | Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association) |
|----------------------|---|
| First trimester      | 0.1 - 2.5   |
| Second trimester     | 0.2 - 3.0   |
| Third trimester      | 0.3 - 3.0   |

1. TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
2. TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
3. Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
4. Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

| TSH   | T3   | T4   | FT4  | Conditions  |
|-------|------|------|------|---|
| High  | Low  | Low  | Low  | Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis                    |
| High  | N    | N    | N    | Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy. |
| N/Low | Low  | Low  | Low  | Secondary and Tertiary Hypothyroidism   |
| Low   | High | High | High | Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy                   |
| Low   | N    | N    | N    | Subclinical Hyperthyroidism   |
| Low   | Low  | Low  | Low  | Central Hypothyroidism, Treatment with Hyperthyroidism  |
| Low   | N    | High | High | Thyroiditis, Interfering Antibodies   |
| N/Low | High | N    | N    | T3 Thyrotoxicosis, Non thyroidal causes   |
| High  | High | High | High | Pituitary Adenoma; TSHoma/Thyrotropinoma  |



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SIN No:SPL24031498



|                 |                      |              |                               |
|-----------------|----------------------|--------------|-------------------------------|
| Patient Name    | : Mr.CHENNU GOPIRAJU | Collected    | : 24/Feb/2024 08:55AM         |
| Age/Gender      | : 30 Y 1 M 15 D/M    | Received     | : 24/Feb/2024 10:46AM         |
| UHID/MR No      | : CMYS.0000059752    | Reported     | : 24/Feb/2024 12:59PM         |
| Visit ID        | : CMYSOPV122687      | Status       | : Final Report                |
| Ref Doctor      | : Dr.SELF            | Sponsor Name | : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID | : 71706929923        |              |                               |

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

  
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SIN No:SPL24031498



|                                   |  |
|-----------------------------------|--|
| Patient Name : Mr.CHENNU GOPIRAJU | Collected : 24/Feb/2024 08:55AM            |
| Age/Gender : 30 Y 1 M 15 D/M      | Received : 24/Feb/2024 12:42PM             |
| UHID/MR No : CMYS.0000059752      | Reported : 24/Feb/2024 01:34PM             |
| Visit ID : CMYSOPV122687          | Status : Final Report                      |
| Ref Doctor : Dr.SELF              | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 71706929923     |  |

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

| Test Name  | Result           | Unit | Bio. Ref. Range  | Method                     |
|--|------------------|------|------------------|----------------------------|
| <b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>      |                  |      |                  |                            |
| <b>PHYSICAL EXAMINATION</b>                          |                  |      |                  |                            |
| COLOUR   | PALE YELLOW      |      | PALE YELLOW      | Visual                     |
| TRANSPARENCY   | CLEAR            |      | CLEAR            | Visual                     |
| pH   | 6.0              |      | 5-7.5            | Bromothymol Blue           |
| SP. GRAVITY  | 1.025            |      | 1.002-1.030      | Dipstick                   |
| <b>BIOCHEMICAL EXAMINATION</b>                       |                  |      |                  |                            |
| URINE PROTEIN  | POSITIVE (TRACE) |      | NEGATIVE         | PROTEIN ERROR OF INDICATOR |
| GLUCOSE  | NEGATIVE         |      | NEGATIVE         | GOD-POD                    |
| URINE BILIRUBIN                                      | NEGATIVE         |      | NEGATIVE         | AZO COUPLING               |
| URINE KETONES (RANDOM)                               | NEGATIVE         |      | NEGATIVE         | NITROPRUSSIDE              |
| UROBILINOGEN   | NORMAL           |      | NORMAL           | EHRlich                    |
| BLOOD  | NEGATIVE         |      | NEGATIVE         | Dipstick                   |
| NITRITE  | NEGATIVE         |      | NEGATIVE         | Dipstick                   |
| LEUCOCYTE ESTERASE                                   | NEGATIVE         |      | NEGATIVE         | PYRROLE HYDROLYSIS         |
| <b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b> |                  |      |                  |                            |
| PUS CELLS  | 3 - 4            | /hpf | 0-5              | Microscopy                 |
| EPITHELIAL CELLS                                     | 1 - 2            | /hpf | <10              | MICROSCOPY                 |
| RBC  | NIL              | /hpf | 0-2              | MICROSCOPY                 |
| CASTS  | NIL              |      | 0-2 Hyaline Cast | MICROSCOPY                 |
| CRYSTALS   | ABSENT           |      | ABSENT           | MICROSCOPY                 |



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|                                   |  |
|-----------------------------------|--|
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| Age/Gender : 30 Y 1 M 15 D/M      | Received : 24/Feb/2024 12:42PM             |
| UHID/MR No : CMYS.0000059752      | Reported : 24/Feb/2024 01:33PM             |
| Visit ID : CMYSOPV122687          | Status : Final Report                      |
| Ref Doctor : Dr.SELF              | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
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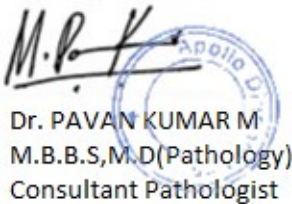
**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324**

| Test Name                    | Result   | Unit | Bio. Ref. Range | Method   |
|------------------------------|----------|------|-----------------|----------|
| URINE GLUCOSE(POST PRANDIAL) | NEGATIVE |      | NEGATIVE        | Dipstick |

| Test Name              | Result   | Unit | Bio. Ref. Range | Method   |
|------------------------|----------|------|-----------------|----------|
| URINE GLUCOSE(FASTING) | NEGATIVE |      | NEGATIVE        | Dipstick |

\*\*\* End Of Report \*\*\*



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